

CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

Pursuant to A.R.S. § 42-11151, 42-11152, 42-11153 and Article IX, Sections 2, 2.1, 2.2 and 2.3 Arizona Constitution

MEDICAL CERTIFICATE FOR TOTALLY AND PERMANENTLY DISABLED PERSONS

Submit this form to the County Assessor's Office no later than the last day in February of each year.

APPLICANT'S NAME:	_____	_____	_____
	(LAST)	(FIRST)	(INITIAL)
ADDRESS:	_____		
	(STREET)		
	_____	_____	_____
	(CITY)	(STATE)	(ZIP)
DATE OF BIRTH:	____/____/____		
MARITAL STATUS:	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PSYCHIATRIST:

In order to qualify for the property tax exemption for disabled persons, a person must be totally and permanently disabled, either physically or mentally, **resulting in that person's inability to engage in any substantial gainful activity.**

The disability must be expected to last for a continuous period of not less than 12 months. The person must be **certified** as totally and permanently disabled by a competent medical authority.

I HEREBY CERTIFY THE APPLICANT'S CONDITION AS STATED BELOW:

Mental or physical disability is considered to be TOTAL and PERMANENT and the applicant is unable to engage in any substantial gainful activity.

YES ☐

NO ☐

PHYSICIAN OR PSYCHIATRIST'S SIGNATURE

DATE

TYPE OR PRINT

PHYSICIAN OR PSYCHIATRIST'S NAME

ADDRESS

CITY

STATE

ZIP

(_____)
PHONE NUMBER

PHYSICIAN/PSYCHIATRIST'S OFFICE STAMP: